

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Jean Darbouze
Easterling Correctional Facility
200 Wallace Drive
Clio, AL 36017

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 8-17-05

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

2:05CU770-T

C + d

40

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Numt 7005 1160 0001 3017 4017
 (Transfer from)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540